FORM n 2007

SECURITIES AND EXCHANGE COM Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

•	v.	,	1	#	76
ω.	107	<i>!</i>			
ſ	. div	1B APPI	ROVAL		
ľ	OMB Nu	mber:	3235	0076	
1	<b>G</b> agyes:	Apr	il 30,20 ge burde	80(	
					ļ
L	hours pe	rrespor	nse	16.00	
		O LISE (	SMLV	_	
		C USE (		4	
	Prefix		Serial	1	

DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Real Property Title, LLC, class A non-voting membership shares	
Filing Under (Check box(es) that apply):	
Type of Filing:	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	07048545
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Real Property Title, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Num	iber (Including Area Code)
10258 S. Western Ave., Suite 202, Chicago, IL 60643 773 233-5200	
	PROCESSED
Brief Description of Business	
Title Insurance Agent	MAR 2 7 2007
Type of Business Organization    corporation	THOMSON formed, E(NIXANEXANIA)
Month Year  Actual or Estimated Date of Incorporation or Organization: 12 05 Actual Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	

### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

required to respond unless the form displays a currently valid OMB control number.

and and a name of continued with a continued of	<b>大学的一种的</b>	A. BASIC II	DENTIFICATION DATA		
2. Enter the information re					
			within the past five years;		
					a class of equity securities of the issuer
<ul> <li>Each executive off</li> </ul>	icer and director o	f corporate issuers and o	of corporate general and ma	naging partners of	partnership issuers; and
<ul> <li>Each general and n</li> </ul>	nanaging partner o	f partnership issuers.	·		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		· · · · · · · · · · · · · · · · · · ·		·
Cooney, Elizabeth	01 1 1	0. 0. 0. 0. 71.	C-4-5		
Business or Residence Addre 10258 S. Western Ave., S		Street, City, State, Zip ( 190, IL 60643			` <u></u>
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip (	Code)	<u> </u>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	·			·
Business or Residence Addre	cc (Number and	Street, City, State, Zip	Code)		
Business of Residence Addic	ss (Number and	atteet, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first; i	f individual)		· · · · · · · · · · · · · · · · · · ·	•	
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		,		
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		······································		
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
•	(Use bla	nk sheet, or copy and us	se additional copies of this	sheet, as necessary	)

ি চার্টাব্র	F. E. M. S.	9(3, ~, r; ·;		B. II	NFORMAT	ON ABOU	r offeri	NG	<b>"阿斯特"</b>			<b>邓静</b>
1. Has the	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes 🔯	No 😿		
2 What is	Answer also in Appendix, Column 2, it filing under OLOE.  What is the minimum investment that will be accepted from any individual?									ş 60.	00	
	What is the minimum investment that will be accepted from any individual:									Yes	No	
		permit joint										K
commis If a pers or state	ssion or sim son to be lis s, list the na	tion request ilar remune ited is an ass ame of the b you may se	ration for s sociated pe roker or de	olicitation rson or age aler. If mo	of purchase int of a brok ire than five	ers in conne er or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state		
Full Name (	Last name	first, if indi	ividual)									
None Business or	Residence	Address (N	 lumber and	Street, Ci	tv. State. Z	ip Code)	<u> </u>	<del></del>				
Basiness of	NC3/CONTOC			,								
Name of As	sociated Br	oker or Dea	aler									
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		<del></del>				
(Check	"All States	s" or check	individual	States)	.1				•••••		☐ Al	States
AL W. MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name (	Last name	first, if indi	ividual)	<u></u>	-	· · · · · · · · · · · · · · · · · · ·						
Business o	Residence	: Address (N	Number an	d Street, C	ity, State,	Zip Code)						
Name of As	sociated Bi	roker or Dea	aler						<del></del> ,	<u> </u>		-
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers		<u> </u>	· · · · · · · · · · · · · · · · · · ·			<u></u>
(Check	"All States	s" or check	individual	States)				4 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***************************************		☐ Al	States
AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Full Name (	Last name	tirst, if indi	ividual)									
Business of	r Residence	: Address (N	Number an	d Street, C	ity, State, 2	Zip Code)				· · · · · · · · · · · · · · · · · ·	•	
Name of As	sociated Br	roker or Dea	aler	<u></u>								
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
		s" or check						••••••	•		☐ Al	States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NII TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OII WV	GA MN OK WI	MS OR WY	ID MO PA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Sold Offering Price Type of Security Common Preferred Convertible Securities (including warrants)......\$\_\_\_ Other (Specify non voting membership shares in LLC \$ 30,000.00 500.00 Total \_\_\_\_\_\_\_\_\$\_30,000.00 500.00 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases \$ 30,000.00 Accredited Investors Non-accredited Investors \$ 30,000.00 Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Sold Security Type of Offering Rule 505 ..... Regulation A ..... s 0.00 Rule 504 ..... class A non-\$ 0.00 Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. 0.00 Transfer Agent's Fees \$ 0.00 Printing and Engraving Costs.... 0.00 Legal Fees 0.00 Accounting Fees 0.00 Engineering Fees 0.00 Sales Commissions (specify finders' fees separately) 0.00 ..... 0.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Total .....

	b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C — proceeds to the issuer."	<ul> <li>Question 4.a. This difference is th</li> </ul>	e "adjusted gross	\$
•	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for a check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Pair	ny purpose is not known, furnish of the payments listed must equal th	an estimate and	
			Payments t Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate			[] \$
	Purchase, rental or leasing and installation of ma	chinery		
	Construction or leasing of plant buildings and fa			
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	ets or securities of another		
	Repayment of indebtedness			
	Working capital	***************************************		\$ 30,000.00
	Other (specify):			\$
			<del></del>	
			🔲 \$	🗆 \$
	Column Totals		\$ <u>0.00</u>	\$_30,000.00
	Total Payments Listed (column totals added)		s	30,000.00
	and the second of the second o	D. FEDERAL SIGNATURE	salari villa medallik sas	
ho	e issuer has duly caused this notice to be signed by th nature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-ac	e undersigned duly authorized per	son. If this notice is filed under xchange Commission, upon wr	Rule 505, the following
551	uer (Print or Type)	Signature	J Date	
₹e	eal Property Title, LLC	6/11/X/C	March 12, 20	07
_	me of Signer (Print or Type)	Title of Signer (Print or Type)	//	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

47 2 19	E STATE SIGNATURE	33 E 31	
	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No

- See Appendix, Column 5, for state response.
- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date	<del></del>
Real Property Title, LLC	March 12, 2007	
Name (Print or Type)	Title (Print of Type)	
Elizabeth Cooney	managing member	•

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX 5 4 3 2 Disqualification under State ULOE Type of security (if yes, attach and aggregate Intend to sell explanation of Type of investor and offering price to non-accredited waiver granted) amount purchased in State offered in state investors in State (Part E-Item 1) (Part C-Item 2) (Part C-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited Yes No **Investors** Amount Investors Amount State Yes No ΑL AKAZ AR CACO CT DE DC FL GAНІ ID IL IN IΑ KS KY LA ME MDMA ΜI MNMS

APPENDIX 4 3 2 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate explanation of Type of investor and offering price to non-accredited waiver granted) offered in state amount purchased in State investors in State (Part E-Item 1) (Part C-Item 2) (Part C-Item I) (Part B-Item 1) Number of Number of Accredited Non-Accredited No Investors Amount Yes Investors Yes No Amount State MO MT NE NVNH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VAWA wv

 $\mathbf{W}\mathbf{I}$ 

1	to non-a	1 to sell accredited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOF (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	C-Item 2)  Number of Non-Accredited Investors	Amount	Yes	No
WY									

